

# CLAIMS ONLY

Application Number

10/539730

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
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13						
14						
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21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35	1					
36		1				
37						
38		1				
39						
40						
41						
42						
43						
44						
45						
46						
47	1					
48		1				
49						
50						
Total Indep						
Total Depend						
Total Claims						

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
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76						
77						
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87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep	3					
Total Depend	17					
Total Claims	20					